

**FEDERAL RAPE PREVENTION AND EDUCATION GRANT
GRANT PROJECT NARRATIVE REPORT
DUE OCTOBER 10, JANUARY 10, APRIL 10, AND JULY 10**

All reports over **10** pages **MUST BE MAILED** to the following address:

THE GOVERNOR'S FEDERAL AND OTHER GRANTS PROGRAM
CAPITOL, 300 SW 10TH AVE, STE. 212S
TOPEKA, KANSAS 66612-1590

All reports **10** pages or less may be faxed to: (785) 291-3204

The information provided on this report will be used by the Office of the Governor's Federal and Other Grants Program and the Kansas Department of Health and Environment's staff to review progress on the funded grant projects. No grant funds will be paid out under this grant program unless this report is complete and filed as required by the reporting requirements. Answers may be continued on a blank page if necessary.

NAME AND ADDRESS OF SUBGRANTEE	GRANT PROJECT NUMBER	
	REPORTING PERIOD FROM: / / TO: / /	
TITLE OF GRANT PROJECT	GRANT AWARD AMOUNT \$	DATE OF REPORT
NAME AND TITLE OF AUTHORIZED AGENCY REPRESENTATIVE	PHONE NUMBER () -	SIGNATURE

1. **Training for Professionals** (e.g. teacher in-service; this chart is to be completed for **each** training for professionals):

Site Location and Date:

Name(s) of research-based curriculum used for this training:

Number of Trainings:

Number of Participants:

Evaluated: Yes No

Types of Evaluations:

1. Training for Professionals (Continued)			
Target Populations for this Training (check all that apply):			
<input type="checkbox"/>	College/University Personnel	<input type="checkbox"/>	Health Professionals
<input type="checkbox"/>	Doctors	<input type="checkbox"/>	Human Resources
<input type="checkbox"/>	Local Health Department	<input type="checkbox"/>	Law Enforcement
<input type="checkbox"/>	Lawyers/Judges	<input type="checkbox"/>	Mental Health
<input type="checkbox"/>	Nurses	<input type="checkbox"/>	Private Sector
<input type="checkbox"/>	Rape Crisis Center Staff	<input type="checkbox"/>	Social Services
<input type="checkbox"/>	Substance Abuse Professionals	<input type="checkbox"/>	Teachers
<input type="checkbox"/>	Volunteers	<input type="checkbox"/>	Others: (Please specify):
Topic Areas (check all that apply):			
<input type="checkbox"/>	Alcohol & Rape	<input type="checkbox"/>	Drug Facilitated Rape
<input type="checkbox"/>	Causes of Rape	<input type="checkbox"/>	Impact of Rape
<input type="checkbox"/>	Consent vs Coercion	<input type="checkbox"/>	Legal/Policy Information
<input type="checkbox"/>	Dating Violence	<input type="checkbox"/>	Media/Advocacy
<input type="checkbox"/>	Offender Profile	<input type="checkbox"/>	Oppression
<input type="checkbox"/>	Rape Prevention	<input type="checkbox"/>	Role of Bystander(s)
<input type="checkbox"/>	Risk Reduction	<input type="checkbox"/>	Sexual Harassment
<input type="checkbox"/>	Other (Please specify):	<input type="checkbox"/>	Sexual Assault
Focus of Prevention Training for Professionals (check all that apply):			
<input type="checkbox"/>	Seeks a change in knowledge		
<input type="checkbox"/>	Seeks a change in attitudes		
<input type="checkbox"/>	Seeks a change in behavior		
<input type="checkbox"/>	Seeks a change in environment		

2. **Educational Seminars** (this chart is to be completed for each longitudinal/awareness training for youth ages 11-19):

<p>Site Location and Date: Include name and county (e.g. name of school and district number, for after school programming name of location such as Cherry Street Youth Center)</p>
<p>Name(s) of research-based curriculum used for this training:</p>
<p>Number of Sessions:</p> <p>Age Groups or Grade(s):</p> <p>Number of Participants:</p> <p>Evaluated: Yes No</p> <p>Types of Evaluations:</p>

Target Populations (check all that apply):			
<input type="checkbox"/>	Black/African American	<input type="checkbox"/>	Elementary School
<input type="checkbox"/>	Hispanic/Latino	<input type="checkbox"/>	Middle School
<input type="checkbox"/>	White/Caucasian	<input type="checkbox"/>	High School
<input type="checkbox"/>	Male only	<input type="checkbox"/>	Other: (Please specify):
<input type="checkbox"/>	Male & Female		
Topic Areas (check all that apply):			
<input type="checkbox"/>	Alcohol & Rape	<input type="checkbox"/>	Drug Facilitated Rape
<input type="checkbox"/>	Causes of Rape	<input type="checkbox"/>	Impact of Rape
<input type="checkbox"/>	Consent vs. Coercion	<input type="checkbox"/>	Legal/Policy Information
<input type="checkbox"/>	Dating Violence	<input type="checkbox"/>	Media/Advocacy
<input type="checkbox"/>	Offender Profile	<input type="checkbox"/>	Oppression

	Rape Prevention		Role of Bystander (s)
	Risk Reduction		Sexual Harassment
	Gender Roles		Healthy Relationships
	Masculinity		Media Violence
	Rape is a Crime		Rape Culture
	Rape Myths		Other (Please specify):

3. **Informational Materials** (this chart is to be completed for each informational material developed using Federal RPE funds or Federal RPE funded staff time. Mail in a copy of the developed material as part of the grant project narrative report):

Check	Date	Type of RPE materials developed (check all that apply and date used):
		Curricula:
		Promotional Items:
		Website, please provide URL:
		Brochures:
		Posters:
		Others (Please specify):

Target Populations (check all that apply):

	Black/African American		Elementary School
	Hispanic/Latino		Middle School
	White/Caucasian		High School
	Male Only		Other: (Please specify):
	Male & Female		

Topic Areas (check all that apply):

	Alcohol & Rape		Drug Facilitated Rape
	Causes of Rape		Impact of Rape
	Consent vs. Coercion		Legal/Policy Information
	Dating Violence		Media/Advocacy
	Offender Profile		Oppression
	Rape Prevention		Role of Bystander(s)
	Risk Reduction		Sexual Harassment
	Gender Roles		Healthy Relationships
	Masculinity		Media Violence
	Rape is a Crime		Rape Culture
	Rape Myths		Other (Please specify):

Focus of Information Materials (check all that apply):	
	Seeks a change in knowledge
	Seeks a change in attitudes
	Seeks a change in behavior
	Seeks a change in environment

4. **Community-Based Coalition** (this chart is to be completed for the total number of coalition meetings held during this quarter):

Community Coalition (fill in requested information):			
	Number of meetings held this quarter		Number of new members attending meetings this quarter
	Average number of members attending this quarter		Number of new members recruited to join or support the community coalition this quarter
	How long has the community-based coalition been in existence?		Other (Please specify):
	Are coalition members primarily (please circle): School-based Or Community-based?		

5. **Media Contacts** (this chart is to be completed for the total media contacts made during this quarter):

Media Contacts (fill in requested information):			
	Number of Public Service Announcements Aired on TV		Number of Newspaper Articles, or Editorials
	Number of Public Service Announcements in Newspaper		Number of Public Service Announcements Aired on Radio
	Other (Please specify):		Are the media contacts evaluated? Yes No If yes, please explain the evaluation process. Attach any articles, PSA, etc. to the report.

6. As a result of the grant project, were victims identified and referred to local sexual assault agencies?

	Yes, how many?		No
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7. Please describe any adjustments made to the objectives during this quarter.

8. Please provide a typed list of specific trainings or technical assistance needed to assist the Subgrantee to move forward successfully.